EUR APR 12 Th MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH 1. PLACE OF DEATH (a) County U Registration District No..... Township..... Primary Registration District No.... Registered No..... uld be stated EXACTLY. PHYSICIANS Exact statement of OCCUPATION is ver (If death occurred in Hospital or Institution, write its name instead of street and number) (f) How long in U. S., if of foreign birth? ds. 2. PRINT FULL NA (a) Residence, No. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR 21. DATE OF DEATH (MONTH, DAY, AND YEAR) Y DIVORCED (write the word) I HEREBY CERTIFY, That I attended deceased from MARRIED: WIDOWED: OR DIVORCED HUSBAND OF 19......, to......, 19....., (OR) WIFE OF 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7. AGE YEARS MONTHS DAYS ESS than 1 The principal cause of death and related causes of importance were as follows: classified. day. .....brs. or .....min. 8. Trade, profession, or particular kind of OCCUPATION work done, as sawyer, bookkeeper, etc. tould be carefully supplied, so that it may be properly 9. Industry or business in which work was done, as saw mill, bank, etc... 10. Date deceased last worked at 11. Total time (years) this occupation (month and spent in this occupation.... year)..... 12. BIRTHPLACE (CITY OR TOWN). (STATE OR COUNTRY) FATHER 13. NAME ø 14. BIRTHPLACE (CITY OR TOWN). ( STATE OR COUNTRY) in plain terms, What test confirmed diagnosis? ...... Was there an autopsy?..... 15. MAIDEN NAME 23. If death was due to external causes (violence), fill in also the following: 16. BIRTHPLACE (CITY OR TOWN). (STATE OR COUNTRY) Where did injury occur?..... (Specify city or town, county, and State) ry item of DEATH Specify whether injury occurred in industry, in home, or in public place. 17. INFORMANT. (ADDRESS) Manner of injury..... 18. BURIAL, CREMATION, OR REMOVAL Nature of injury..... 19. FUNERAL DIRECTOR (ADDRESS) Licensed Embalmer's Statement on Reverse Side)

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,	
not but leveline	
Registered Apprentice No, working under my personal supervision.	
Registered Apprentice 10, working under my personal supervision.	<i>-</i>

P. O. Address.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply

with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.